



Medical Marijuana Program Designated Caregiver Checklist

Please note that this checklist information and other instructions may change. Please refer back to the ADHS website for the most current information.

Print out and review this checklist **prior to** submitting your Designated Caregiver Application in the ADHS online system. This checklist will assist you in compiling the required information and supporting documentation. Application requirements are also outlined in Arizona Administrative Code (A.A.C.) R9-17-202.

You will be asked to enter the following information and submit the following supporting documents:

1. Application Information:
<input type="checkbox"/> The qualifying patient's application identification number, last name, first name, and date of birth.
<input type="checkbox"/> The designated caregiver's <ul style="list-style-type: none"><input type="checkbox"/> First name; middle initial, if applicable; last name; and suffix, if applicable<input type="checkbox"/> Date of birth<input type="checkbox"/> Gender<input type="checkbox"/> Social Security Number
<input type="checkbox"/> The identifying number on the applicable card or document (see Section 2 below for list of identification requirements and options). The caregiver must also enter the ID type, issuing state, and issued date.
<input type="checkbox"/> Whether the caregiver has a previously issued caregiver card number and, if so, any associated card numbers.
<input type="checkbox"/> The caregiver's residential address and county.
<input type="checkbox"/> The caregiver's phone number.
<input type="checkbox"/> The caregiver's email address where confidential information can be sent (free email address website links are provided within the application).
<input type="checkbox"/> The caregiver's mailing address. Caregiver can check box if same as residential address.
2. Documentation Needed for Uploading <ul style="list-style-type: none">The current photograph must be an image file (JPG, PNG, or GIF file format). The other supporting documents can be PDF documents or image files (JPG, PNG, or GIF file format). The recommended file type is PDF.The size of the each file should not exceed 2MB.
<input type="checkbox"/> A current photograph of the caregiver. Photograph must be taken no more than 60 calendar days before the submission of the application. Photograph must be capable of producing an image: <ul style="list-style-type: none">2 inches by 2 inches in size with minimum dimensions of 600x600 pixels and maximum dimensions of 1200x1200 pixels.In natural colorThat is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline, with a plain white or off-white backgroundThat has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
<input type="checkbox"/> A copy of the caregiver's: <ul style="list-style-type: none">Arizona driver's license issued on or after October 1, 1996; ORArizona identification card issued on or after October 1, 1996; ORArizona registry identification card; ORPhotograph page in the caregiver's U.S. passport; ORAn Arizona driver's license or identification card issued before October 1, 1996 AND one of the following:

<input type="checkbox"/> Birth certificate verifying U.S. citizenship <input type="checkbox"/> U.S. Certificate of Naturalization <input type="checkbox"/> U.S. Certificate of Citizenship
<input type="checkbox"/> Signed and dated <i>Medical Marijuana Caregiver Attestation</i> . This must be downloaded from the ADHS website at http://www.azdhs.gov/medicalmarijuana/caregivers/ .
<input type="checkbox"/> A valid and current Visa or MasterCard for payment. A credit card, debit card, or pre-paid cards are accepted.
3. Fingerprints
<input type="checkbox"/> Although not part of the ADHS <u>online</u> application, a caregiver must submit fingerprints to ADHS via the U.S. Mail. Fingerprinting instructions are located on the ADHS website at http://www.azdhs.gov/medicalmarijuana/caregivers/ .